

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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**1. Agency Name**

Family Supportive Housing

Division, Department, or Region (if applicable)

San Jose Family Shelter

Designated Agency Contact (Name, Title)

Sara Tran, Community Resource Manager

Area Code/Phone Number

408-926-8885

E-mail

volunteer@family-supportive-housing.org

San Jose City Clerk  
Date Stamp  
2019 FEB 28 AM 11:17

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 33

Event Description: Disney on Ice

Provide Title/Explanation

Date(s) 2 / 22 / 19

Ticket(s)/Pass(es) provided by agency?

Yes ☒ No ☐

If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official?

Yes ☐ No ☒

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Family Supportive Housing	16	tickets provided to our families staying at the San Jose Family Shelter.

  

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Sara Tran

Print Name

Community Resource Manager

Title

2/25/19

(month, day, year)

Comment: www.family-supportive-housing.org